## EV549910178

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number TOWN! 10/607,115 Filing Date 6/25/2003 **TRANSMITTAL** First Named Inventor Steeb et al. **FORM Group Art Unit** 2124 (to be used for all correspondence after initial filing) Examiner Name **WILLIAM H WOOD** Attorney Docket Number MS1-1463US Total Number of Pages in This Submission ENCLOSURES (check all that apply) X Fee Transmittal Form Drawing(s) After Allowance Communication to Group Fee Attached Licensing-related Papers Appeal Communication to Board Petition of Appeals and Interferences M Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final Provisional Application (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation Proprietary Information Change of Correspondence Extension of Time Request Status Letter Address **Express Abandonment Request** Other Enclosure(s) (please Terminal Disclaimer Information Disclosure Statement identify below): Request for Refund Return Receipt Postcard Certified Copy of Priority CD, Number of CD(s) **Documents** Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 22801 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Allan T. Sponseller/Reg. No. 38318 Individual Name Signature 05 Date **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name LeAnn M. Sassman Signature Date ammar

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Fees our suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL For FY 2005		(8). Application Number	Complete if Known Application Number 10/607,115				
		Filing Date	6/25/2003				
		First Named Invento	<del>                                     </del>	<del></del>			
			WILLIAM H WOOD				
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name		<del></del>			
TOTAL AMOUNT OF PAYMENT (\$) 1020.00		Art Unit		2124			
TOTAL AMOUNT OF FATMENT	Attorney Docket No.	MS1 - 1463US	MS1 - 1463US				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
	Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1 WARNING: Information on this form may b	ecome public. Credit care	d information should not be	included on this form. Provide	de credit card			
information and authorization on PTO-2038.							
FEE CALCULATION			·	· · · · · · · · · · · · · · · · · · ·			
1. BASIC FILING, SEARCH, AND FILING			AMINATION FEES				
	Small Entity	Small Entity	Small Entity				
Application Type Fee (\$)			ee (\$) Fee (\$)	Fees Paid (\$)			
Utility 300			200 100	<del></del>			
Design 200			130 65	<del></del>			
Plant 200	100 30		160 80				
Reissue 300	150 50	00 250	300				
Provisional 200	100	0 0	0 0				
2. EXCESS CLAIM FEES  Small Entity Fee (\$) Fee (\$)							
Each claim over 20 or, for Reissues	, each claim over 20	and more than in the or	riginal patent	50 25			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
Multiple dependent claims	- (A) -		to table to a solid	360 180			
Total Claims Extra Claim - 20 or HP =	<u>s Fee(\$) F</u> x 50 =	Fee Paid (\$) Mu	Iltiple Dependent Claims Fee (\$) Fee Paid	(\$)			
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims Extra Claim		ee Paid_(\$)		<del></del>			
3 or HP = <b>x</b> 200 = HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets							
4. OTHER FEE(S)  Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Three Month Extension of Time							
1020.00							

SUBMITTED BY			
Signature	Rr.5	Registration No. (Attorney/Agent) 38318	Telephone (509) 324-9256
Name (Print/Type)	Allan T. Sponseller		Date 2/15/05

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